

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567870

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED  
1<sup>ST</sup> AMENDMENT  
IND. DEP.

AFTER  
2<sup>ND</sup> AMENDMENT  
IND. DEP.

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT  
IND. DEP.

AFTER  
2<sup>ND</sup> AMENDMENT  
IND. DEP.

1

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100

TOTAL IND.

1



TOTAL DEP.

39



TOTAL CLAIMS

40

